

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 565
Registered No. 565

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 4132 Smelter St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rudolpho Valencia { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? yes 6. Date of birth Sept. 10 - 1930
Month Day Year

8. FATHER
Full name Benjamin Valencia
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
10. Color or race Mex. 11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Guadalupe
(State or country) Mex.

13. Occupation
Nature of Industry Mining

14. MOTHER
Full maiden name Lucia Torres
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
16. Color or race Mex. 17. Age at last birthday 25 (Years)

18. Birthplace (city or place) San Ysidro
(State or country) Mex.

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 3 (a) Born alive and now living 3
(b) Born alive but now dead 0
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was born alive at 10-4 a.m. on the date above stated.
(Born alive or stillborn.)

Signature Byril M. Brown M.D. (Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____ Filled Oct 12, 1930 Registrar Le E. Dwyer

Registrar

Registrar

951-910-332

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.